

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of _____ in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Maricopa</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>129</u>
District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>396</u>
Town of _____			Local Registrar No. _____
or _____			
City of _____	No. _____		St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Allice Adams</u>		{ If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>A</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>
5. No., in order of birth _____	7. Date <u>May 9</u> 19 <u>23</u>		
			Month Day Year
8. FATHER		14. MOTHER	
Full name <u>James Adams</u>		Full maiden name <u>Allice Withington</u>	
9. Residence (Usual place of abode) <u>Miami City</u>		15. Residence (Usual place of abode) <u>Miami City</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>white</u>	11. Age at last birthday <u>26</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>Scotland</u>		18. Birthplace (city or place) <u>England</u>	
(State or country)		(State or country)	
13. Occupation <u>Millman</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>3</u>		<u>Yes</u>	
(b) Born alive but now dead <u>8</u>			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Romulus</u> at <u>10:00</u> a.m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>D. H. Slaughter M.D.</u>	
		(Physician or midwife)	
Address <u>Miami City</u>			
Given name added from a supplemental report _____		Filed <u>May 31</u> 19 <u>23</u>	
Month, day, year.		Local Registrar. <u>P. E. Davis</u>	
Registrar. _____		County Registrar. <u>B. J. Fox</u>	

112-509-165